NC Medicaid and NC Health Choice
Pharmacy Prior Approval Request for
Mavyret: Continuation PA Form

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Beneficiary Gender: ____

Prescriber Information

6. Prescribing Provider NPI #: _____
7. Requester Contact Information - Name: _____ Phone #: _____ Ext._____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: __84__
11. Length of Therapy (in days): ☐ 4 More Weeks ☐ 8 More Weeks

Clinical Information

1. Is the beneficiary treatment-experienced? ☐ **Yes** ☐ **No**
2. Does the beneficiary have cirrhosis? ☐ **Yes** ☐ **No**
3. What is the genotype? _____
4. Please list the previous treatment regimen. _____
5. Have HCV RNA labs been collected four (4) or more weeks after the initial prescription fill date? **Medical documentation with results required** ☐ **Yes** ☐ **No**
6. Do the results of the HCV RNA labs indicate a response to therapy (>/= 2 log reduction in HCV RNA or HCV RNA < 25IU/ml)?
   ☐ **Yes** ☐ **No**
   At week 4 of the treatment cycle
   HCV RNA (IU/ml): _____
   And/or log 10 value: _____
   Before treatment documented on original Prior Authorization request
   HCV RNA (IU/ml): _____
   And/or log 10 value: _____
7. Has the beneficiary exhibited any sign of high risk behavior (ex. recurring alcoholism, IV drug use, etc.)? ☐ **Yes** ☐ **No**
8. Has the beneficiary failed to complete HCV disease evaluation appointments or procedures? ☐ **Yes** ☐ **No**
9. During the initial course of therapy, was the beneficiary compliant with the prescribed medication regimen? ☐ **Yes** ☐ **No**
10. Has the beneficiary's medication fill history been reviewed for compliance? ☐ **Yes** ☐ **No**

Signature of Prescriber: _____ Date: _____
(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.